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Going Solo: Findings from a survey of women ageing without a partner and who do not have children

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Abstract

Greater longevity in the UK population has led to the increasing diversity of women experiencing ageing in a multitude of ways. Internationally gender inequalities within ageing are still relatively invisible within both government policy and everyday life for particular groups of women. This paper explores the concept of women growing older ‘solo’ by which we mean women who find themselves non partnered and ageing without children as they move into later life. We report on the findings from a mixed-methods survey of 76 solo women in the UK aged 50 years and over, used to provide a broader overview of the issues and challenges they face as they move into later life. Qualitative data from the survey captured respondents’ perspectives about the links between their relationships status and wellbeing in later life and highlighted specific cumulative disadvantages emerging for some women as a result of their solo lifestyles. We discuss two key themes were identified; ‘solo-loneliness’ and ‘meaningful futures’ in conjunction with the relevant literature and make suggestions for future research within gender and ageing studies that could enhance more positive approaches to solo lifestyles.

Keywords: Older women; ageing; loneliness; singleness; solo.

Introduction

Cultural representations of ageing and gender are often combined to paint a particular picture of women as they move into later life. Despite greater longevity in the UK population (ONS,

2015) the increasing diversity of women in later life has challenged the current homogenisation and preconceptions of ageing which may be experienced in a multitude of ways. Gender inequalities within ageing are still relatively invisible within policy discourse (WHO, 2003). According to Ray (2004) we also know very little about the subjective experiences of older women within these parameters. This paper is particularly concerned with older women who are 'solo' by which we mean 'non-partnered women who are ageing without children' as little is known about the impact of life trajectories on their ageing experiences. The steady increase in non-traditional family relationships (Hicks, 2014; Lahad and Hasan, 2014) requires a deconstructive analysis of how these different relationships sit within traditional social categories and relationship binaries that have long underpinned social thinking. Women moving into later life without a long-term partner and who have not had children, for a myriad of reasons (whom we thereafter refer to as 'solo'), will have diverse conceptions of what it means to 'age well'. Their circumstances may not correspond with more traditional definitions of ageing and ageing experiences. DePaulo and Morris (2005) have already coined the term 'singlism,' to characterise the stereotyping, prejudice, and discrimination which they suggest subjectify single people and promote ideas associated with familist ideology. Singleness studies have since emerged as a field of academic inquiry which recognises how associated embedded inequalities and flaws are public issues rather than private troubles (Byrne and Carr, 2005). These developments call for more adaptive and creative ways of rising to the challenge of singleness, coherent with recognising and promoting acceptable different forms of self and social identities. This nexus of ageing and single relationship status therefore offers a new conceptual lens for revising and extending research on gender. Negotiating a space in which solo women's experiences can transcend any contradictions imposed by narrower conceptions of gender constitutes an important area of social enquiry particularly for those working in the ageing field.

As researchers and practitioners based in the UK we have been researching the experiences of solo women in later life and how these interact with health and social care. In the preparatory stages of our study design, we consulted women through an in-depth, mainly qualitative survey, about their subjective experiences of ageing solo so as to ensure that our study engaged with solo women's own priorities. The survey gave us a broader overview of the issues and challenges that solo women might face as they move into later life; consulted them about priorities for research; and was used as a method to recruit them to an in-depth narrative study. This paper presents the key findings from the survey, given the unexpectedly rich qualitative data captured about respondents' perspectives on their relationship status and wellbeing in later life. We discuss the method used and give an overview of the demographic characteristics of the women surveyed. This provides the context for a fuller discussion of the key themes from the analysis of the qualitative data from the survey. In conjunction with the relevant literature, we highlight the range of experiences outlined by the respondents in relation to their solo lifestyles. Whilst our findings are limited to the UK, we suggest future research initiatives within gender and ageing studies that could enhance positive approaches to solo lifestyles.

Background

It is difficult to estimate the demographics of women ageing solo in the UK. One study looking at fertility has estimated that 20 % of women born in the mid-1960s have no children (ONS, 2013). Ratcliff and Smith (2006) analyses of fertility and education in a cohort of women born in 1955, showed a marked increase in women without children. Research by the Institute of Public Policy Research (McNeil and Hunter, 2010) estimated that there will be a marked increase in people over aged 65 in the future without grown dependents (from 1.2 million in 2012 to 2million in 2030). These projections have implications for later caring and support planning given that most care for older people is provided by family members with

an estimated value of £55 billion annually. This generation gap in the baby boomer generation, where the number of older people needing care exceeds those able to provide it, is further estimated to rise to over 1.8 million by 2030 (ILC-UK, 2014). Changing family structures also impacts on how and by whom care is provided in the future with reductions in public expenditure shifting responsibilities for caring towards spouses and partners, all of which have an anticipated adverse effect on those growing older solo (DEMOS, 2014).

By connecting age and identity through the examination of social, cultural, class, gender, ethnical, temporal and spatial differences, one can challenge generalizations about older women (Cole et al. 2010:16). Cruikshank (2009) notes the invisibility and marginalisation of older women in feminist and gender fields of enquiry in comparison to sociology, psychology, history and other socio-humanistic disciplines influenced by feminism. Ray (2004) refers to the significance of “critical, self-reflective methodologies that integrate cognitive, emotional, ethical, and spiritual aspects of knowledge-making” (p109) within feminist gerontology. Together with the impact of greater geographical mobility, relationship break-ups, lone parenting and more multigenerational families, there is a growing diversity of research into women’s ageing. There are however two main points of departure to note which are firstly an obligation not to minimize the real social and economic difficulties that a significant number of older women might face and secondly; the need to explore positive aspects of later life and how these might be facilitated and supported. Any study of solo women as a group within ageing, should be one into the full circumstances of their later life and not one which just positions them as a source of social policy and other societal problems (Maynard et al, 2008), and which contributes to understanding the gendered nature of the aging process beyond it being a mere variable and social attribute.

Women living solo may be a lifestyle choice and consequences of other influencing factors such loss of a significant partner (Victor, 2010); finding the right relationship at the right

time, and the impact of infertility, or the loss of pregnancies or one's children earlier in life (Al-Kandari and Crews, 2014). Diversity in relationship status may also result from the desire to live alone, delayed marriage, increasing divorce and separation rates not to mention the fluidity and dynamics which characterise post-modern 'liquid' relationships (Bauman, 2003; Klinenberg, 2012). Women's economic empowerment, educational and employment opportunities (Lee, 2003; Ogg and Renaut, 2007), the ongoing achievements of equality legislation and women's rights and the widespread diffusion of individualism, all constitute circumstances in which older women experience their life course (Coleman, 2001).

Challenges to compulsory heterosexuality and particularly the experiences of lesbian, bisexual and trans women whose networks and 'families of choice' are only just beginning to be systematically researched (Trais, 2012). As suggested earlier, according to Byrne (2008), feministic ideologies positively support constructions of womanhood which privilege marriage or motherhood thus making singlehood problematic (p29). In the absence of positive and powerful counter narratives within the literature, 'solo'ness' tends to be disparaged and stigmatized and constrains genuine considerations of the different possibilities for women in relation to their identities. Academic research on 'singleness' is surprisingly sparse and relatively underdeveloped, with few empirical investigations; most of which come from a feminist discursive analysis (Lahad and Hazan, 2014). Underpinning some of the assumptions referred to in this paper is the positioning of solo women as being somewhat deviant or in a deficit position. A better understanding could lead to the design of more effective policies supported by empirical research, particularly qualitative investigation of their experiences, networks and trajectories and elicitation of the issues impacting on them as they develop health and social care needs. The generation of more quantifiable data on the extent of solo women within demography would also support research into their unique

issues and the consequences of ageing. Finally, any research agenda should engage with the views and priorities of solo older women as the main stakeholders in any research findings.

Survey design

The survey design incorporated an online mixed methods survey questionnaire comprising twenty items based on findings from the literature review. Thirteen items captured demographic variables on individual respondents including age, ethnicity, sexual and gender identity, highest level of education, employment status, and annual income, whether the respondent identified as being disabled; as a carer and whether they lived alone or not. Two items deployed Likert scales to measure respondents' agreement or disagreement towards a range of issues that emerged from the literature for example lifestyle, choice, friendships, social media and subjective wellbeing. The remaining five questions solicited qualitative data reflecting subjective commentary on topics such as the respondents' solo status, their significant relationships, health and social care needs and consulted respondents on subjective priorities for further enquiry. This paper reports on the analysis of this latter qualitative data only. All respondents were invited to participate in an in-depth interview following the survey (again, not reported in this paper).

Sample

Our target group was women aged 50 years and over which is an accepted marker of fertility decline (Wallace and Kelsey, 2004), who were living in the UK. The preamble to the survey was aimed at women who at the time of completing it were neither in a long-term relationship nor living with a partner and who did not have children for whatever reasons. This could have been because they had never had children or lost a pregnancy or child earlier in life. We anticipated a challenge in reaching this target group as they are not easily identifiable nor is there an obvious place where they might congregate. The inclusion criteria were potentially

subjective given the literature on the fluid nature of contemporary personal relationships and the potential diverse histories of respondents in relation to their own fertility and childbirth. Our approach however, was one that encouraged self-selection against our stated target group.

Methods

A wide range of methods were used to reach the target population during June-September 2014. Firstly we distributed an online link to the survey via UK networks in touch with older women. A postal/e-mail address was given during distribution for those preferring to receive and return a printed copy of the survey. Within the resources available, we also did some outreach to community based organisations working with older women from minority communities. This resulted in 7 questionnaires being completed face to face, 3 of which involved a language interpreter to record the responses. Primary research with virtual communities and online mediated communication has advantages and disadvantages, the former enables access to individuals over a larger distance or location, reaching difficult to contact participants and automated data collection. The disadvantages lie in the validity of the data and sampling issues, particularly for those who are not engaged with online communication or who lack the technology and resources to do so. Formal ethical approval was given by Middlesex University Health and Education Ethics Committee (Reference: MHESC1404). Completion of the questionnaire was voluntary and data anonymised at the point of collection. The exception was where respondents provided their contact details to participate in a further in-depth interview. This information was initially removed to a secure separate document then deleted from the data before analysis.

Data analysis

A total of 119 women responded to the online survey and 7 completed a hard copy resulting in 126 completions. After cleaning of the data, 76 were eligible for inclusion for example, 26 online respondents were under the age of 50 and/or responded from outside of the UK. SPSS was used to analyse the descriptive data. Almost all of the respondents took up the opportunity to write in the free text commentary boxes in response to the five loosely-structured open questions. These commentaries provided a source of rich qualitative data and covered participants' subjective views on positive and negative aspects of their status, detail about significant relationships and their health and social care needs. This qualitative data was abstracted and subject to thematic analysis through the qualitative data computer assisted programme NVIVO.

Findings

Eighty-seven percent of the participants in the sample were between 50-65 years and 46 were white British, 6 white Irish, 2 were Asian, 7 African and 8 were from other unnamed ethnic groups. The sample included 58 heterosexual women and 8 who identified as lesbian, 3 bisexual, 1 gender-queer. 4 stated that they were undecided and 3 chose not to say. 12 women considered themselves to be either Disabled or were 'not sure' if they were Disabled.

Surprisingly, 50 out of 76 women had a graduate qualifications which did not distinguish between but included those with either a Bachelor or Post Graduate qualification and 2 had a PhD. 23 women disclosed that they were earning more than £35k per year (above or below UK average salary) and 17 had an income of less than £20k per year with the remainder in this middle bracket. This indicated that our sample was potentially biased towards middle class solo women.

It is important to acknowledge our theoretical positions and values in examining the qualitative data which gave primacy to the women's own description of their realities and to

try and understand the phenomenon of 'solo'. Thematic analysis can work to 'both reflect reality, and to unpick or unravel the surface of reality' (Braun and Clarke, 2006, p3). The use of open coding allowed us to capture issues directly related to the research topic. Data was initially coded at the individual level of each data item, by two separate members of the research team and then the coded data was combined where certain ideas appeared prevalent or latent. The content across the data items was analysed semantically given that the data was generated in response to loosely structured questions resulting in the identification of two main themes. The first: 'so-loneliness' captured the embodiment of a kind of viscerally around solo status whilst still representing a wide range of positions taken up by the women. Figure 1 provides an example of the complexity of the coding frame developed as a result.

Insert Figure 1 about here

The second theme; 'meaningful futures' was one which described specific support needs emerging from the women's descriptions of living solo and which reflected some of the projective coping strategies used or anticipated. The remainder of this paper discusses the findings from the analysis of these two main themes.

So-loneliness

The construct of 'solo' was not one created by the women themselves, but used by the researchers to try and identify and understand the strengths, needs and experience of women in lieu of an acceptable alternative term. Most respondents made either positive or negative comments about its use. Any ambivalence focused on the external imposition of a term that conflicted with a layered construction around personal identity. They responded either by emphasising aspects of identity above others or asserting that the normalcy of a complex, multifaceted self.

Solo women in later life

'I think of myself as a person not as a solo woman. At the next level I think of myself as a person living alone. The fact that I am a woman is less relevant'.

'Solo women have multiple identities. Being solo is just one of them'.

Some women felt that this aspect of their identity became more enhanced as they grew older where they felt that their visibility was diminishing or they were becoming more noticeable to both themselves and others in terms of their solo status. The description of their identities was also externally imposed through the application of caricatures or stereotypes which masked their individual experience or contributed to internalised or externalised stigma:

'Losing the words 'mad old cat lady' from the language would be an improvement'.

'Don't assume I am heterosexual. Don't assume because I'm not married that I have always been single. Don't assume I have children /grandchildren. Don't pity or patronise me'.

This concept of the 'cat lady' commonly associated with spinsterhood represents the anticipated fate of all unwanted, lonely women. Descriptions of solo women are often stigmatising and pejorative, ranging from 'spinster', 'witch', and 'old maid'. This perennial caricature is largely unappealing and the associated negativity discouraged solo women from generating a positive self-image and recognising that they are part of a growing community of interest with strengths, and as yet unmet needs. Copper (1990) for example describes a pernicious and systematic distortion of female aging in which such stereotypes undermine women's self-respect and power and their contribution to society in general. Our respondents spoke of exasperation at being constantly asked about why they were 'childless' or 'unmarried'. This resulted in an unsettling blend of being unseen and yet on occasion, being closely scrutinised and subjected to impertinent and intrusive questioning.

'... [You] can feel really on the fringes of life - a half participant'.

Despite widespread recognition of the sensitivities surrounding fertility (McQuillan et al, 2012), questions of this personal nature were routinely fielded by this group. Certainly Brescoll and Uhlman, (2005) found that childless-by-circumstance women were viewed with less sympathy than women who chose not to have children. Whether these experiences are common to all single people without children is not clear, but our respondents perceived that their gender played a significant part. Conversely, respondents noted positive aspects of being solo:

'From age of 26- 48 [I] looked after parents now [I'm] able to have [my] own identity'.

Some described being a SOLO woman in the same terms as they might a skill or an art form - a competence that can be exercised proficiently such as *'learning to be on my own'*.

Women also made a clear distinction between being alone and being lonely. Pinquart and Sorenson, (2003) define loneliness as the distress caused by a disjunction between ones actual and desired level of social contact. Our respondents asserted that happy and successful 'solo-dom' can be learned; was a practical reality and they described advantages in the simplicity of decision making and accountability in their everyday lives. Others however, felt the weight of their ascribed identities so intensely that they actively curtailed social possibilities and behaviour in anticipation and fear of public censure for example, by no longer going out and being seen to be eating alone. So-loneliness was not just a vague perception but was felt distinctly and reinforced when accessing health and social care professionals.

'I have occasionally found that male GPs tend to view elderly women as a bit of a joke or neurotic which doesn't help. I have even been asked "Why don't you find yourself another man" ... I was able to change my GP immediately after this comment'.

Unfortunately this experience was relatively common. Although respondents identified this discrimination as unacceptable and were active in finding alternative and better services, they did not challenge these inappropriate attitudes and behaviours with those perpetuating them. They expressed emotion about the lack of respect arising from unprofessional communication.

'Do not belittle us, just because we are on our own and may sometimes appear eccentric, or anxious, or sad. I held down an incredibly stressful and responsible job but I feel I am now perceived as of no account by health professionals - it is disturbing and infuriating, and isolating'.

Some respondents were frustrated by the silence within public discourse that their experience seems to engender. One noted the paradox between the fear of the uncontained sexuality that single women were seen to pose to a society consisting of 'happily married couples' and a communal anxiety around loneliness and the need for intimacy in older populations (Di Napoli et al, 2013).

'Other people's perceptions/assumptions lack of a positive public discourse about it - you are either trying to shag anything that moves, or sat in the attic with your cats'.

On a positive note, many respondents expressed contentment and happiness with their lives, which is also echoed in the literature (Trompeter et al, 2012); even in circumstances where being without children or partnerships was not an active choice. For example, one spoke about needing opportunities much earlier their lives to parent as a single woman for example through surrogacy, fostering or adoption and to have more radical options such as co-parenting. There were clear preferences as to how professionals should address the issue:

Solo women in later life

'Don't say 'it's so sad she hasn't got children', say 'I wonder if this person would like some company, or what sort of company they'd prefer'.

Another suggested that more active opportunities could be provided for mixing and dating for older adults or for those still looking for partners in later life. They say current opportunities as being fraught with difficulty around safety in the use of social media/online opportunities:

'I have made a choice not to do online dating because ... feeling unsafe so although I have expressed a desire to be in a relationship in this survey I am not actively pursuing this in any way'

Not all solo women were looking for partnerships and some considered the issues from a more pragmatic perspective such as 'having an extra pair of hands'! Common to most of the survey responses, was the challenging of stereotypes about solo women being helpless or passive. A number of suggestions on how they might be engaged were made:

'I am currently involved in several groups which are considering this question with relation to the LGBT community. Personally I think befriending is crucial - I seem have always looked out for an elderly neighbour, wherever I've lived, and hope someone will do the same for me'.

Solo women identifying as lesbian, bisexual and transgender often experience further exclusion from mainstream in older age (Wallace et al, 2011). Again there were clear preferences as to how professionals should address the issues they face which were often borne of their own experience of the impact of thoughtless communication:

As I meet women in a similar position, and of a similar age, I realise more and more the value in not making any assumptions - especially regarding sexuality and life experience, these assumptions can be isolating'.

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The essential role of friends in providing love in their relationships with them and in meeting the respondents support needs was frequently cited. In tune with Furman's findings (2013) the relationship with friends not conceptualised as a lesser form of relationship, secondary to family or sexual partnerships but seen as absolutely essential to well-being:

'My happiness as a solo woman is largely due to my positive attitude and reasonable self-esteem, which is reinforced by my good friends. We support each other in this regard'.

Not having just one long-term partner was also reframed positively:

'I have had many good sexual and love relationships. My life as a single woman is wonderful in many ways. I feel very lucky to be living in this time and to have had such a wide range of experiences.'

For some, closeness or intimacy was not associated with people but relationships with pets were noted as being extremely significant and having multiple benefits in 'fill(ing) a great void of loving and being loved'. Pet attachment has been noted as an important indicator of wellbeing in older women (Krause-Parello, 2012). Others gave a visceral description of their perceived lack of intimacy, which was both emotional and physical. The latter was described by one woman as 'skin hunger' accompanied by a longing to avoid what she called 'dead time' and another a 'cold and darkness' that could not be breached. These desires were associated with the need to feel closeness for example by sleeping with someone for comfort as well as sexual pleasure.

Meaningful futures

The second theme concerned what respondents said about their futures and expectations for the future. Women identified a number of risks specific to solo status such as financial strain (despite a significant number of respondents being in a higher income bracket). Dermott and

Pantazis (2014) researching gender and poverty found that whilst the situation of older women has improved, there is a need to review the feminisation of poverty. Respondents expressed particular concerns about the cumulative impact of being a single earner on their long term prospects where savings and property became more significant in terms of providing resources to support them over their life course. Some made bitter comments about perceived penalties for those with solo status, for example, in the UK, single people get an exemption of 25% rather than 50% if they live alone and the respondents referred to the direct discrimination in tax regulations relating to 'married person's tax allowances'. They highlighted additional but invisible costs directly linked to their solo status which impacted on their quality of life such as having to pay single supplements on holiday bookings.

'Living on your own is just as expensive as living with someone - currently in the UK if your household does not have a second income, you're screwed'

These financial constraints were seen as unfair given the added value that respondents felt they had contributed to society through their voluntary work, caring activities and long careers. They felt marginalised by the 'tired' political rhetoric of 'hard-working families' government strategies which was seen not to value their contributions:

'Solo women are the voluntary sectors greatest asset. We are not just here to look after ageing parents'.

Not having children was seen as a risk in terms of having no 'safety net' to rely on for their own ageing support and where policies provided no entitlement to future provision despite having contributed equally to the 'pot' through employment and other means:

Solo women in later life

'Understand that [solo] women in the workforce have probably never had a career break and are the backbone of the country, we pay a lot of tax- when we retire we must be financially secure or we will struggle as in my case I will have no one to fall back on'.

Other risk areas involved targeted violence or harassment in the real and virtual worlds, which is not uncommon according to a recent EU study (UN, 2013) of older women.

'People take advantage, bully me. I am thinking workmen, traders, that sort of thing as well as strangers. If I had a male partner I imagine this would be less likely to happen'.

These included concerns about care settings and respondents perceived that either having a partner, children or both, would provide a buffer against abuse:

'I don't know yet what I will need. I suppose 'care' facilities at home and institutionally are scary to think about'

'... at the moment, care is very precarious and older solo women end up in institutions where they are very likely to be abused'.

Many expressed a concern that older people in general were not well served by current care provision but that their unique situations would be disregarded within this context:

[Will there be a] respect for my sexuality, for my disposition, for my independence? I think there can be a tendency to see older people, not just women, as a homogenous group.

This comment from a lesbian woman reflects older lesbians experiences of loneliness and isolation as they are more likely to be childless and to live alone than heterosexuals or gay men (Trais, 2012). Almack, Seymour and Bellamy (2010) have also written about the importance to older lesbians and gay men of 'chosen families'; 'a mix of social and biological family links, friendships and inter-generational connections' (p.916) or which

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include ex-partners and the relatives of partners. The most common concern for our respondents was the anticipated challenge of taking care of themselves in the future and a fear of becoming a burden to person/s not of their choosing. They commented on reductions in spending throughout health and social care and the resulting political rhetoric of the centrality of 'family' in the care of relatives. The threat to loss of independence and choice was stronger than fear of aging or end of life:

'I fear for when I am not well and depend on someone else to look after me'.

Particular fears were expressed by those who had already been or who were active as carers, both formal and informal. Conceptualising the future in light of their knowledge about care arrangements and a reversal of roles was definite:

'I am looking after my mum so much, but I wonder who will look after me as I am childless'.

Within the UK context where there are pressures on services and high profile failures of care in nursing, residential and care homes within the UK (Francis, 2013), it was unsurprising that our respondents provided such vociferous criticism and anger. Their comments weren't only focussed on the fear of experiencing poor care but they also expressed rejection of this type of institutional living altogether:

'Shunting people into care homes is on a par with battery hen keeping'.

'The fear of getting old and frail, of needing help (but who will help me?) the fear of losing my independence and the absolute fear of being put in a fecking care home....Would rather leave my home in a box'.

However respondents were not passive in the face of these concerns and some referred to plans made to mitigate their circumstances:

Solo women in later life

'I am making some very deliberate choices about saving so that I will be able to afford whatever care I need. I do have concerns about finding a good advocate in case I have difficulty making decisions about my own care'.

'I get a bit worried that my money will run out. Most importantly I worry that I will get ill and not be able to speak up for myself and lose control of my destiny. I have made (or am making) as many arrangements as I can to ensure I am taken care of decently but if I am taken into hospital with a stroke for example there will be no one to speak for me'.

Other respondents commented more philosophically on their future and subverted their own concerns about who would care for them if their needs were to increase with age:

'I think everyone has concerns about what will happen to them as they age. Actually one good thing about not having children is that no one will feel under an obligation to look after me or visit me, which I would hate. Current provision for old age is pretty grim, but that is true whether you have a partner or not'.

In terms of wider community issues, housing was described more as a general issue than a generational or gendered one. Mixed community housing was described as a popular solution, particularly in contrast to institutional living:

'I would like to see the expansion of co-housing schemes designed specifically for this group, as I feel what a lot of us would like would be to continue to live alone but close to others and with a lot of shared facilities and opportunities to interact'.

Respondents made many suggestions in how community support could be tailored to their particular needs, ranging from friendship groups developed around shared interests and through the engagement with political activism oriented to their own needs and rights.

Women spoke of neighbours, friends, religious communities and community groups

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supporting their participation. Respondents had a clear vision about what they felt community resources should offer although these were seen as challenging to meet in the current economic climate.

‘I want to be supported by my community centre to stay at my house and be independent and have carers from my community that know my language and my culture’.

The data collected around these support networks demonstrated a lot of reflectiveness and reflexivity from solo women on initiatives that could support and maintain their connection to their communities in later life. Social media was valued as a means of staying in touch as well as the importance of relying on safer public transport to maintain mobility:

‘..The government should fund mobile towers to rural areas if commercial providers do not offer these. I had a bad accident at my home and could not summon help because I had no signal on my mobile’.

Many also suggested co-housing schemes as a way forward for women in similar situations to themselves showing a desire for the sense of community between solo women. Again, one or two expressed severe regret about their circumstances in relation to having a future that never drew on a past. One respondent stated that a long lasting permanent and happy relationship would have given her more resources to face the future.

Discussion

This paper contributes to a developing scholarly interest in ageing solo women within gender and ageing studies. From the perspective of our own disciplines (health and social care) the survey data highlighted how professionals may not recognise or consider the unique circumstances of solo women impacting on their loneliness and future care needs. A review of the literature also revealed the limitations of methodological approaches for understanding

the specific needs of solo women in ageing studies. There were limitations to this study. The sample tended to be younger, educated and with relatively middling incomes, telling us less about the older, less educated or poorer solo women population. Using online methods and social media will also have attracted a certain type of respondent which does not necessarily reflect the demographic of solo older women who may have met the inclusion criteria.

Further the terminology used in the survey could have been a deterrent to those who chose not to engage. Further the size of the data set (n=76) did not allow us to undertake any meaningful correlational analysis in relation to race, ethnicity, disability, sexuality, etc in relation to different experiences of ageing solo.

There is however clear equity issues in the discourse around successful ageing emerging from this small dataset. The voices of women in this survey drew attention to some of the deficits in public policies in supporting solo women's wellbeing and challenged assumptions governing normative practice for example, around caring roles which may be different to those in more conventional family configurations. Health and social care policies will need to elaborate on any themes which will inform their development and address the kind of support required. There were discretionary or inessential accounts from our respondents on how they spend their time which included many positive experiences, making a case for gathering this kind of information to enable solo women to embrace positive ways of being and sharing them more widely. Supporting women who have adeptly negotiated being solo; formed innovative support networks can help recognise the potential within this group and to acknowledge its value. For example solo women in later life could form alliances around the political issues that impact on them and become a significant lobbying group within the ageing agenda. Parrott (2002) notes the importance of government policies ranging from health to economic in shaping women's futures. As seen in this limited and small study, they affect opportunities, expectations and indeed the discourse within which solo women

conceptualise their options and choices. Further, government policies are not neutral but have inherent biases which are intrinsic to dominant interest groups. Beaglehole et al (2007) remind us that little will be gained for society if the survival advantage of older women translates into insecurity, isolation, illness and poverty. A proactive, practical and joined up consideration of solo women's experiences will support them to thrive well and may capitalise on their contribution to communities. Rather than seeing older women as essentially 'sexless', health and social care practitioners should be conversant with the particular risk factors to which solo women may be exposed. Practitioners could be more proactive in engaging them in service development, planning and service evaluations.

Conclusion

This survey was aimed at engaging women identifying as solo in future research and to help shape the design of a larger in-depth narrative study. The individual respondents made many suggestions about how to improve their lot in terms of connections, transport, living arrangements, relationships and more equitable engagement with services. Their rich and diverse responses demonstrated that they were sociable; humorous; wise; strong; positive; and keen to be involved in finding ways forward. Women who have lived solo for a long time will have become used to a larger degree of independence and may have more issues coping with becoming dependent. For example, there may be potential for building alternative social networks for solo women or to tailor assessment and provision in view of their social support and caring needs, particularly around planning their futures. The findings from the survey highlighted potential issues around emotional and mental health which could be explored further. Strategies to elicit solo women's voices in expressing their so-loneliness for example may require great skill and sensitivity from professionals encountering them as their needs start to emerge with age. Thinking about how to equip professionals and organisations with the nuances of working in ageing services constitute a wider debate,

perhaps in education and training informed by the evidence base and service users own voices.

Public policy research often designs studies of populations according to its own priorities and in plain terms, may evaluate what is most valued. Achieving good quality and useful information about solo women can be problematic given that in our definition, they are not in a partnership or have children, thus reflecting two well embedded societal assumptions on the functions and roles of women. More quantifiable data is required on how the ageing population reflects solo women as currently it is difficult to find effective ways of measuring their characteristics and to identify any significant trends that might inform demography.

Women within ageing populations are often defined by negative rather than positive signifiers which make it harder to isolate and recognise their impact on society. This small and limited survey of women represents just a few within an ‘invisible’ section of the population. Our respondents responded to this tacit exclusion viscerally and highlighted the need to establish a community of interest which supports increased engagement from solo women to improve and shape their own experiences. There is also a lack of appropriate language which complicates attempts to discover the experiences of being an older single woman without children. Less ‘glamour’ and research interest as well as taboos and discomfort means that research into solo women can be potentially neglected and overlooked. Increasing the range of methods such as those which draw on narrative, feminist and critical gerontological approaches can help researchers and professionals understanding solo women’s ageing more holistically. This will facilitate the development of any policies or services to support their needs to be grounded in lived experience and generate new insights from their own realities.

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